program. The lessons to be learned while war production is essential to our very existence as a Nation will not be forgotten; when we enter the period of constructive peace, we shall find that management will attach still greater importance to the maintenance and development of industrial health programs.

Consolidated Aircraft Corporation.

PHYSICIANS' LEGAL RESPONSIBILITIES IN INDUSTRIAL MEDICINE*

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THE Roseberry Employer Liability Law of California, which provided for certain compensation, medical and hospital treatment for industrial injuries, was effective September 1, 1911. In the same year, a constitutional amendment authorized the legislature to enact workmen's compensation laws. These laws, which were made effective January 1, 1914, have been amended many times. In 1917 the act was substantially changed, and the term "injury" substituted for the term "accident." Today "injury" is defined as including any injury or disease arising out of the employment, including injuries to artificial members.

At present, the Compensation Act is not to be found in any one code, but most of it can be found in the Labor Code, the Health and Safety Code, or the Insurance Code. Careful study of the codes and of the court decisions which have been made over a period of years on the various phases of the law is necessary to understand the jurisdiction of the Industrial Accident Commission.

The Labor Code requires that every injury, unless the disability resulting from such injury does not last through the day or does not require medical care other than ordinary first-aid treatment, shall be reported to the Commission. In case of death, the employer must submit a report forthwith by telephone or telegraph.

The term "occupational disease" is not used in the law, and is unnecessary because a disease arising out of the occupation is classed as an injury and, therefore, is compensable in the same way that other injuries are compensable. The requirements for reporting occupational diseases are the same as for reporting any other injury. In 1941, there were 450,793 industrial injuries reported to the Commission, and of these, 113,648 were classed as tabulatable injuries, that is, deaths, permanent disabilities, and temporary disabilities lasting longer than one day. Of the 113,648 injuries, 7,100 were due to "hot, poisonous, and corrosive substances and flames," the classification under which all of the occupational disease cases are included. During 1941, there were 635 industrial deaths, and of these, only 15 were charged to the same heading, "hot, poisonous, and corrosive substances and flames." How many of these could have been classified as occupational diseases, we do not know.

On August 11, 1942, the Commission adopted a resolution providing for the use of standard forms for the reporting of industrial accidents, injuries, or occupational diseases, providing that such injury either disables through the day of injury, or requires medical attention. These forms are for the use of employers, insurance carriers, and physicians, and surgeons.

Many physicians specialize in industrial surgery, but it is only recently that any great number of physicians have given thought to occupational diseases as a group. If the effects on the human body of many of the thousands of chemical compounds that are being put on the market were known to the medical fraternity, provision could be made for protection against the ill effects, if any, of these compounds.

There must be complete coöperation between the chemist, pathologist, pharmacologist, roentgenologist, internist, and the engineer. When the physician states that certain conditions existing in industry are hazardous to health, it is probably within the province of the engineer to provide for the removal or the amelioration of such hazards. Without the coöperation of the entire group, the desired result cannot be achieved.

State Building, Civic Center.

* Abstract of address presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, Oakland, San Diego, Inglewood, Glendale, and Huntington Park, August 18-28, 1942.

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PROBLEMS IN INDUSTRIAL SURGERY*

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THE surgeon who undertakes to treat an injured workman, covered by industrial accident insurance, immediately involves himself in a series of relationships going far beyond the usual patient-physician relationship of private practice.

The physician becomes at once, judge, recording secretary, bursar, and witness. He may, if so inclined, become a venal biased judge, slovenly recorder, or suborned witness. If he so demeans himself, the true patient-physician relationship is destroyed.

Given the same attitude and interest as shown our private patients, the industrial patient maintains the desired relationship. Under such circumstances, less than one-half of one per cent of in-

* Presented at the Institutes on Wartime Industrial Health in San Francisco, Crockett, and Oakland, on August 18, 19, and 21, respectively.

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dustrial patients are malingerers or develop compensation neuroses.

One must continue to emphasize that the patient-physician relationship involves confidence and coöperation on the part of the injured individual, and sympathy, honesty, knowledge, and skill of application on the part of the physician. Without these factors existing in each particular case, doubt, mutual distrust, and misunderstanding creep in and mar the traditional relationship, and often impede or may even prevent restoration of function.

Without donning judicial ermine, the physician must judge as to supposed cause and effect in relation to disease. He must be able to judge accurately as to the time an injured patient may be able to return to work without impeding recovery, suffering further harm, or endangering others. When, after the best efforts of the surgeon, further return of function is at an end, one must be able to describe in quantitative terms of the normal, the impairment remaining.

Accurate records are a necessity in industrial surgery, and a man who is proud of his surgery and end results should be equally interested in the recording of those same results. Well-kept records prevent acrimonious discussions with insurance companies and with patients, and simplify the bookkeeping and financial records of the physician.

Fortunately, the laws of the State of California do not place the determination of percentage loss in permanent disability upon the physician. The physician's duty ends in this respect when he has described in objective terms the loss of range of motion (as compared to the normal limb or part), the presence or absence of anaesthesia or paralysis, and similar factors which can be measured or tested quantitatively. Here the physician should act as a disinterested expert witness, not as judge or advocate, neither minimizing nor exaggerating defects which he alone, by virtue of his special training, is qualified to detect.

There is one further duty that the physician should assume, and that I urge each one of you to adopt: namely, the part of voluntary safety engineer. The detection and prevention of safety and health hazards in ordinary employment, as well as in large industrial plants, is one of the fascinating parts of industrial medicine. Although insurance companies employ safety engineers, the first awareness of a hazard may come from the physician.

What advantages accrue to the physician who assumes these extra burdens? First, for seriously-injured persons, the physician can work with the best of equipment and assistance to restore health. Very few workmen with serious injuries can afford prolonged hospitalization, splints, appliances, physiotherapy, or necessary drugs, let alone the physician's fee. Such a patient, as a private patient, forces the surgeon to skimp, cut corners, often to the patient's disadvantage, because the patient cannot pay for necessary services other than that of the physician. A second advantage is prompt payment for the services rendered. Admittedly, industrial fees are low, too low. The California Medical Association has appointed a committee to study the fee schedule with the objective of obtaining adjustments to the greater advantage of the physician.

These few examples will show, I hope, the need for industrial medicine and surgery to be of the highest type. An industrial physician, being proud of his results, should moreover record those results. When he bears witness in permanent disability ratings, he should be an unbiased skillful expert witness. The just interest of the patient must be his primary consideration, so that he may take pleasure in preventing avoidable injury or disease, as well as in restoring injured persons to economic self-sufficiency. And, first and last, the industrial physician should endeavor to preserve the patient-physician relationship which is seen in the best private medical practice.

350 Post Street.

INDUSTRIAL INJURIES: THEIR SURGICAL MANAGEMENT*

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IT has taken two wars and the great surge of industry to place industrial medicine on an equal footing with other specialties in the practice of the art and science of medicine. Twenty-five years ago, this field of medicine was frowned upon; but today it is one of the most important cogs in the Nation's war effort.

An industrial injury bespeaks a three-fold obligation on the part of the physician, namely, to the patient, to the employer, and to the insurance company. The industrial patient is entitled to as high a standard of medical and surgical care as is the patient in private practice. The employer expects efficient treatment of the patient so that the time loss may be as small as possible. The insurance company pays the bills, and the physician's services as to treatment, expense, length of disability and permanent disability are a matter of record to stand in direct comparison with others in this field.

To fulfill these obligations the physician must have the proper mechanical equipment for the surgical management of injuries, and he must maintain systematic records and reports.

SURGICAL CARE PROPER

Minor injuries to soft tissues.—Treatment of these injuries, which constitute a majority of the injuries sustained in industry, is important because too often infection develops from lack of proper care of minor injuries. The wound must

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*Abstract of address presented at the Institutes on Wartime Industrial Health in San Diego, Inglewood, Glendale, Huntington Park, on August 26-28, 1942.